

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
MEALS & RENTALS TAX RETURN

FOR DRA USE ONLY



MAKE SUFFICIENT COPIES FOR ALL YOUR FILING PERIODS BEFORE FILLING OUT THIS FORM.

BUSINESS NAME _____

License Number	Tax Period	Due Date	Amended Return <input type="checkbox"/>
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IF THIS IS YOUR FINAL RETURN, PLEASE GIVE REASON:

☐ ① Business Discontinued ☐ ② Change in Organization ☐ ③ Business Sold Last Day of Business _____

RECEIPTS FROM MEALS AND BEVERAGES

1	Tax Excluded Receipts.....	1		
2	Meals Tax at 8% (Multiply Line 1 by .08).....	2		
3	Tax Included Receipts.....	3		
4	Meals Tax at 7.41% (Multiply Line 3 by .0741).....	4		
5	Total Meals Tax (Line 2 plus Line 4).....	5		

RECEIPTS FROM RENTALS

6	Room Rental Receipts.....	6		
7	Permanent Resident Receipts.....	7		
8	Taxable Room Rental Receipts (Line 6 minus Line 7).....	8		
9	Total Room Rental Tax (Multiply Line 8 by .08 or .0741).....Check rate used: <input type="checkbox"/> .08 <input type="checkbox"/> .0741	9		
10	Motor Vehicle Rental Receipts.....	10		
11	Total Motor Vehicle Rental Tax (Multiply Line 10 by .08 or .0741)....Check rate used: <input type="checkbox"/> .08 <input type="checkbox"/> .0741	11		
12	Total Tax (Line 5 plus Line 9 plus Line 11).....	12		

DEDUCTIONS AND ADDITIONS

13	Commission (Line 12 multiplied by .03.) (See 3% commission requirement in General Instructions)	13		
14	Original Return Payment/Credit Memo/Estimated Payments.....	14		
15	Total Deductions (Line 13 plus Line 14).....	15		
16	Interest (See instructions).....	16		
17	Penalty for Failure to Pay (See instructions).....	17		
18	Penalty for Failure to File (See instructions).....	18		
19	Total Additions (Sum of Lines 16, 17 & 18).....	19		
20	Total Due (Line 12 minus Line 15, plus Line 19) Make check payable to State of New Hampshire..... Enclose, but do not staple or tape, your payment with the return.	20		
21	Tax Exempt Meals & Rentals Receipts (See instructions).....	21		

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Under penalties of perjury, I declare that I have examined this form and to the best of my belief it is true, correct and complete.
If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.

SIGNATURE (IN INK) (Failure to sign may result in the assessment of penalties.) **PREPARER OTHER THAN TAXPAYER** **DATE**

TELEPHONE NUMBER **DATE** **TAXPAYER'S TAX IDENTIFICATION NUMBER**

MAIL
TO: NH DEPT OF REVENUE ADMINISTRATION
DOCUMENT PROCESSING DIVISION
PO BOX 2035
CONCORD NH 03302-2035

TAXPAYER'S ADDRESS

CITY, STATE, ZIP CODE